

**2019 CONTRA COSTA COUNTY  
MONTHLY DENTAL PLAN PREMIUMS**

**EMPLOYEES REPRESENTED BY  
DEPUTY SHERIFF'S ASSOCIATION**

**DEDUCTIONS EFFECTIVE JANUARY 1, 2019**

<b>PLAN/COVERAGE DESCRIPTION</b>		<b>TOTAL MONTHLY PREMIUM</b>	<b>COUNTY MONTHLY SHARE</b>	<b>EMPLOYEE MONTHLY SHARE</b>
<b>DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM- INCLUDES ORTHODONTIC BENEFIT*</b>				
For CCHP Alternate A Plan	Employee	\$45.90	\$33.58	\$12.32
	Employee + 1	\$116.35	\$75.90	\$40.45
	Family + 2 or more	\$116.35	\$75.90	\$40.45
For CalPERS Health Plans	Employee	\$45.90	\$33.58	\$12.32
	Employee + 1	\$116.35	\$75.90	\$40.45
	Family + 2 or more	\$116.35	\$75.90	\$40.45
Without a Health Plan	Employee	\$45.90	\$43.33	\$2.57
	Employee + 1	\$116.35	\$97.88	\$18.47
	Family + 2 or more	\$116.35	\$97.88	\$18.47
<b>DELTA CARE (HMO)</b>				
For CCHP Alternate A Plan	Employee	\$29.06	\$22.30	\$6.76
	Employee + 1	\$62.81	\$48.19	\$14.62
	Family + 2 or more	\$62.81	\$48.19	\$14.62
For CalPERS Health Plans	Employee	\$29.06	\$22.30	\$6.76
	Employee + 1	\$62.81	\$48.19	\$14.62
	Family + 2 or more	\$62.81	\$48.19	\$14.62
Without a Health Plan	Employee	\$29.06	\$28.91	\$0.15
	Employee + 1	\$62.81	\$62.49	\$0.32
	Family + 2 or more	\$62.81	\$62.49	\$0.32
* EMPLOYEE MONTHLY SHARE INCLUDES COST OF ORTHODONTIC BENEFIT				
<b>VSP VOLUNTARY VISION PLAN</b>				
	Employee	\$10.08	\$0.00	\$10.08
	Employee + 1	\$20.14	\$0.00	\$20.14
	Employee + 2 or more	\$32.44	\$0.00	\$32.44